

Department of Revenue
Tax Division
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State of Alaska
Games of Chance and Contests of Skill
2002 Permittee Quarterly Report
AS 05.15.080(a)

This form is also available on the Internet at www.tax.state.ak.us/

Federal EIN	Permit Number	Organization Name
Mailing Address		City, State, Zip
Telephone Number	Fax Number	E-mail Address

Report Period (check one): ☐ January - March ☐ April - June ☐ July - September ☐ October - December
Due Date: May 15 August 14 November 14 February 14

Types of Activity (check all applicable):

☐ Bingo ☐ Pull-Tab ☐ Raffle ☐ Contest of Skill
☐ Dog Mushers' Contest ☐ Fish Derby ☐ Other - Specify: _____

ACTIVITIES CONDUCTED BY OPERATOR OR MULTIPLE-BENEFICIARY PERMITTEE (MBP)

Enter amounts from Schedule A (Activity Report by Permittee) of the Operator or MBP Quarterly Reports.

1. Gross receipts from all games (Column I, line 1).....	1	
2. Taxes reported from all games (Column I, line 2).....	2	
3. Cost of Prizes reported for all games (Column I, line 3).....	3	
4. Adjusted gross income from all games (Column I, line 4).....	4	
5. Game-related expenses from all games (Column I, line 5).....	5	
6. Net proceeds from all games (Column I, line 6).....	6	

ACTIVITIES CONDUCTED BY PERMITTEE AND VENDOR

7. Gross receipts from all permittee and vendor activity.....	7	
8. Taxes reported from all games	8	
9. Prizes awarded from all permittee and vendor activity (including cash, merchandise, services, etc.).....	9	
10. Adjusted gross income from all permittee and vendor activity.....	10	
11. Game-related expenses from all permittee and vendor activity.....	11	
12. Net proceeds from all permittee and vendor activity.....	12	
13. Total net proceeds from permittee, vendor, operator and MBP activity (line 6 plus line 12).....	13	

We declare under penalty of unsworn falsification, that we have examined this report, including accompanying schedules and statements, and to the best of our knowledge and belief, it is true and complete.

Member in Charge or Agent Signature / Date X	Printed Name
President or Treasurer Signature / Date X	Printed Name
Paid Preparer's Signature / Date X	Printed Name
Firm Name	Firm Address, City, State, Zip

DEPT USE ONLY
PMD:

Attach a Schedule D Pull-Tab Attachment, for closed games.

2002 Permittee Quarterly Report

Permit Number	Permittee Name	License Number	Operator/Vendor Name/dba

SCHEDULE D: PULL-TAB ATTACHMENT

Use a separate attachment for games sold by the permittee, vendor, or operator.

The attached games were sold by: (check one)

Quarter (check one)

☐ Permittee ☐ Vendor ☐ Operator

☐ 1st Qtr ☐ 2nd Qtr ☐ 3rd Qtr ☐ 4th Qtr

Page ____ of ____

Distributor License No.	State ID Stamp Label	Game Serial Number	Form Number	Gross Receipts	Prize Payout	Ideal Net	3% Tax	Date In/ Date Out
								IN ----- OUT
								IN ----- OUT
								IN ----- OUT
								IN ----- OUT
								IN ----- OUT
								IN ----- OUT
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								IN ----- OUT
								IN ----- OUT
								IN ----- OUT
Subtotal (amounts from this page)								Use additional sheets if necessary.
Grand Total (include amounts from all pages)								